

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90001 029 ***150.00

50063272



DOCUMENT # P29276 1. Entity Name CAREY FINANCIAL CORPORATION					
Principal Place of Business 50 ROCKEFELLER PLAZA NEW YORK, NY 10020 US			Mailing Address 50 ROCKEFELLER PLAZA NEW YORK, NY 10020 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 13-3213550			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIGLER, DEBRA E 50 ROCKEFELLER PLAZA NEW YORK, NY <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEBRA E. BIGLER 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ, CLAUDE 50 ROCKEFELLER PLAZA NEW YORK, NY <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIRST VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHARON L. ROSS 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAREY, WILLIAM P. 50 ROCKEFELLER PLAZA NEW YORK, NY <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF COMPLIANCE OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICHARD J. PALEY 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAMRICK, STEPHEN H 50 ROCKEFELLER PLAZA NEW YORK, NY <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEPHEN H. HAMRICK 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP TERMINE, DAVID G 50 ROCKEFELLER PLAZA NEW YORK, NY 10020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VP/ TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVID G. TERMINE 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>David Termine</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAVID G. TERMINE, SENIOR VICE PRESIDENT Date <i>7/27/05</i> Daytime Phone # 212-492-1100		